

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUD

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE NUMBER

FILED OCT 22 1963

53

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472

63-039202

## 1. PLACE OF DEATH

a. COUNTY

Cape Girardeau

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Millerouille

Length of stay in 1b

5 yrs

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

Unnumbered Street

Inside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before)

a. STATE

Missouri

c. CITY  
OR TOWN

Millerouille

Inside Limits  
Yes ☒ No ☐

d. STREET  
ADDRESS

Unnumbered St

Reside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

JOSEPH EMANUEL O'DELL

## 4. DATE OF DEATH

Month Day Year  
Oct 9, 1963

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☒  
Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

July 2, 1954

## 9. AGE (last birthday)

9

IF UNDER 1 YEAR  
Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

none

## 10b. KIND OF BUSINESS OR INDUSTRY

none

## 11. BIRTHPLACE (City and state or country)

Cape Girardeau, Mo.

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Emanuel O'Dell

## 13b. MOTHER'S MAIDEN NAME

Josephine Fiscus

## 14. NAME OF HUSBAND OR WIFE

none

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give year or date of service)  
no

## 16. SOCIAL SECURITY NO.

none

## 17. INFORMANT

Emanuel O'Dell Millerouille, Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Virus pneumonia

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☐

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m.

## Month, Day, Year

## 20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from Oct 4, 1963 to Oct 8, 1963 and last saw him alive on Oct 8, 1963. Death occurred at 7:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

Evelyn Critas M.D.

## 22b. ADDRESS

Redgairchville, Mo.

## 22c. DATE SIGNED

10/14/63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

Oct 11, 1963

## 23c. NAME OF CEMETERY OR CREMATORY

Russell Heights

## 23d. LOCATION (City, town, or county)

Jackson, Mo.

## (State)

## 24. FUNERAL DIRECTOR

Thompson

## ADDRESS

Jackson, Mo.

## 25. DATE RECD. BY LOCAL REG.

10-14-63

## 26. REGISTRAR'S SIGNATURE

James Kasten

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by J. C. Bond, Jr., Student Embalmer No. 672  
working under my personal supervision.

Student J. C. Bond, Jr.  
Signature of Student Embalmer

Signed Lyman Steele

Licensed Embalmer No. 2476

P. O. Address Quincy, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.